

NEW HAMPSHIRE DIVISION OF FAMILY ASSISTANCE (DFA) PROGRAM FACT SHEET

10/2015

This fact sheet gives basic information about eligibility, income, and resource requirements for each of the following programs: Financial Assistance to Needy Families, the State Supplement Programs which include Old Age Assistance, Aid to the Permanently & Totally Disabled, and Aid to the Needy Blind, Medicaid [Modified Adjusted Gross Income (MAGI) and non-MAGI categories], the Food Stamp Program, Nursing Facility Care, Child Support Services, NH Child Care Scholarship, Children's Medicaid, Pregnant Women Medical Assistance, Qualified Medicare Beneficiaries, Specified Low Income Beneficiaries, Medicaid for Employed Adults with Disabilities, Parent/Caretaker Relatives medical assistance, NH Health Protection Program, and Family Planning medical assistance.

By policy, different types of income and resources are either counted or not counted to determine eligibility. This varies from program to program. In addition, there are amounts that can be subtracted from income. These also vary by program and are shown below as “disregards and deductions.” Examples of income are wages, rental income, and most benefit income including Social Security and SSI. Examples of resources are cash on hand, bank accounts, stocks/bonds, and unoccupied real property. Applicants must verify income, resources, disregards and deductions, identity, citizenship or alien status, social security numbers, residency, and all other eligibility factors required by the specific programs of assistance.

If you think a family or individual may be eligible for one of our programs, please have them visit www.nheasy.nh.gov or www.dhhs.nh.gov/dfa/apply.htm, or contact the DHHS District Office nearest them for more details.

| PROGRAM TITLE | FINANCIAL ASSISTANCE TO NEEDY FAMILIES (FANF) | STATE SUPPLEMENT PROGRAM (SSP) (OAA, APTD, ANB) | MEDICAL ASSISTANCE (MEDICAID) | FOOD STAMP PROGRAM (FSP) | NURSING FACILITY CARE (NF) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|---|---|--|---|--|---|-------|---|-------|---|-------|--|------------|------------------|---|--------|---|---------|---|---------|---|------------|-----------------------------|---|-------|---|-------|---|-------|---|-------|--|------------|--------------------------|------------------------|---|---------|--------|---|---------|---------|---|---------|---------|---|---------|---------|---|
| DESCRIPTION | <p>Financial Assistance to Needy Families offers financial assistance to eligible families with dependent children and certain relatives who need help caring for related children.</p> <p>Most able-bodied adults receiving financial assistance are expected to meet work participation requirements.</p> <p>One or both parents in the family must be disabled, deceased, or absent from the home.</p> | <p>The State Supplement program provides financial assistance and/or medical assistance to needy individuals who meet the definition of one of the following categories:</p> <ol style="list-style-type: none">Old Age Assistance (OAA) - 65 years of age or older, orAid to the Permanently & Totally Disabled (APTD) - physically or mentally disabled and between the ages of 18 & 64, orAid to Needy Blind (ANB) - blind (no age limit) <p>Eligibility depends on income, resources and living arrangement.</p> | <p>The Medicaid program pays for certain health care costs (doctor and hospital bills, prescriptions, dental care for children, etc.) for individuals who meet the technical and categorical requirements of the program.</p> <p>Certain Medicaid programs have eligibility determined using modified adjusted gross income (MAGI), which uses IRS-defined concepts of income and household. The MAGI groups are explained on the back of this page. Medicaid is also offered to the elderly, disabled, and individuals requiring long-term care (LTC) assistance. These are the non-MAGI groups, although MAGI categories may also receive LTC assistance.</p> <p>If an individual meets all program requirements except is over the income limit, partial coverage can be provided under the In & Out program.</p> | <p>The Food Stamp Program provides assistance to eligible families to purchase food items essential for good health. Eligibility for Food Stamps depends on the household's income, resources, and expenses. Most households must meet gross and net income limits. Households with all members who are elderly <u>or</u> disabled need only meet the net income test. Households with a member who is elderly <u>and/or</u> disabled have higher gross income limits. If all members of the household receive SSI, FANF and/or SSP, there are no income or resource limits.</p> <p>Most recipients must look for and keep a job. Able-bodied Adults Without Dependents (ABAWD) must also meet special ABAWD work requirements.</p> | <p>The Medicaid program can cover the cost of nursing facility care for individuals who are unable to afford the cost. To receive payments for nursing facility care, an individual must:</p> <ul style="list-style-type: none">meet the general, technical, categorical and financial requirements of a Medicaid program; andhave medical needs that require nursing facility care. <p>Certain individuals meeting these requirements may be eligible to receive community-based services under one of several Home and Community-Based Care waivers instead of entering a nursing facility.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTHLY INCOME LIMITS | <table><tr><td>Group Size</td><td>Max Net Income*</td></tr><tr><td>1</td><td>\$539</td></tr><tr><td>2</td><td>\$606</td></tr><tr><td>3</td><td>\$675</td></tr><tr><td>4</td><td>\$738</td></tr></table> <p>*Less, if living in subsidized housing</p> | Group Size | Max Net Income* | 1 | \$539 | 2 | \$606 | 3 | \$675 | 4 | \$738 | <table><tr><td>Group Size</td><td>Net Income Limit</td></tr><tr><td>1</td><td>\$ 747</td></tr><tr><td>2</td><td>\$1,101</td></tr><tr><td>3</td><td>\$1,455</td></tr></table> <p>Applicants in Group Living Arrangements have higher income limits.</p> | Group Size | Net Income Limit | 1 | \$ 747 | 2 | \$1,101 | 3 | \$1,455 | <table><tr><td>Group Size</td><td>In and Out Net Income Limit</td></tr><tr><td>1</td><td>\$591</td></tr><tr><td>2</td><td>\$675</td></tr><tr><td>3</td><td>\$683</td></tr><tr><td>4</td><td>\$691</td></tr></table> | Group Size | In and Out Net Income Limit | 1 | \$591 | 2 | \$675 | 3 | \$683 | 4 | \$691 | <table><tr><td>Group Size</td><td>Max. Gross Income (130%)</td><td>Max. Net Income (100%)</td></tr><tr><td>1</td><td>\$1,276</td><td>\$ 981</td></tr><tr><td>2</td><td>\$1,726</td><td>\$1,328</td></tr><tr><td>3</td><td>\$2,177</td><td>\$1,675</td></tr><tr><td>4</td><td>\$2,628</td><td>\$2,021</td></tr></table> | Group Size | Max. Gross Income (130%) | Max. Net Income (100%) | 1 | \$1,276 | \$ 981 | 2 | \$1,726 | \$1,328 | 3 | \$2,177 | \$1,675 | 4 | \$2,628 | \$2,021 | <p>The individual's:</p> <ul style="list-style-type: none">gross monthly income must be less than \$2,199; ornet income must be less than \$591. <p>The individual's income, after expenses and deductions, is used to offset the cost of care, with the balance paid by Medicaid.</p> |
| Group Size | Max Net Income* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | \$539 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | \$606 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | \$675 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | \$738 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Group Size | Net Income Limit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | \$ 747 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | \$1,101 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | \$1,455 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Group Size | In and Out Net Income Limit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | \$591 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | \$675 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | \$683 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | \$691 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Group Size | Max. Gross Income (130%) | Max. Net Income (100%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | \$1,276 | \$ 981 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | \$1,726 | \$1,328 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | \$2,177 | \$1,675 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | \$2,628 | \$2,021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESOURCE LIMITS | <p>\$1,000 for applicants, and \$2,000 for recipients.</p> | <p>The resource limit for OAA, APTD and ANB assistance is \$1,500. Certain life insurance policies and burial funds are not counted.</p> | <p>Non-MAGI groups only:</p> <p>One person - \$2,500</p> <p>Two persons - \$4,000</p> <p>Three or more - \$4,000 plus \$100 for each additional person in the assistance group above two.</p> | <p>Households in which at least one member is disabled or age 60 or older: \$3,250</p> <p>All other households: \$2,250</p> | <p>The resource limit for nursing facility care is \$2,500.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISREGARDS & DEDUCTIONS | <ul style="list-style-type: none">20% of earned income for applicantsChild/Dependent Care CostsCourt-Ordered Child/Spousal SupportSelf-Employment Expenses | <ul style="list-style-type: none">\$13 standard disregard <p>For working individuals:</p> <ul style="list-style-type: none">up to \$50 (APTD or OAA) or \$85 (ANB), and\$18 or actual employment expenses (APTD or OAA) or ½ of remaining earned income (ANB) | <p>Deductions may apply for the Non-MAGI Medical Assistance programs.</p> | <ul style="list-style-type: none">ShelterUtilitiesSelf-Employment ExpensesMedical for seniors and disabledStandard household deductionChild/Dependent CarePaid Child Support | <p>When determining cost of care:</p> <ul style="list-style-type: none">\$70 Personal Needs Allowance (\$90 VA)Allocation to dependentsUncovered Medical expenses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER ELIGIBILITY CRITERIA | <p>Receipt of FANF cash benefits is limited to 60 months over a lifetime. In most cases, parents must cooperate with Child Support Services in establishing paternity, if unknown, and establishing medical and financial child support. Some parents may also have to assign all rights to child support to DHHS while receiving financial assistance.</p> | <p>Cash applicants must apply for SSI, and must agree to a lien on all real estate owned by the assistance group. If living together, a spouse's income, resources, and needs are considered when determining eligibility.</p> | <p>SSI is not counted as income.</p> <p>In most cases, Medicaid applicants and recipients must cooperate with the Division of Child Support Services to obtain and enforce legal orders for medical support and to establish paternity for all children if unknown.</p> | <p>Parents and children under age 22 living together are considered one household. Exceptions may be made if parents are over 60, disabled and receiving SSA/SSI, and for children aged 22 and older who purchase and prepare meals separately from their parents.</p> | <p>The nursing facility must be licensed and certified by the State of NH.</p> <p>If appropriate, the individual must apply for VA Aid and Attendance allowance benefits.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PROGRAM TITLE | CHILD SUPPORT SERVICES | NH CHILD CARE SCHOLARSHIP | MODIFIED ADJUSTED GROSS INCOME (MAGI) MEDICAL ASSISTANCE (MA) | QUALIFIED MEDICARE BENEFICIARIES (QMB) | MEDICAID FOR EMPLOYED ADULTS WITH DISABILITIES (MEAD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|--|--|---------|---------------------|----------|--|------------|----------|---------------------|----------|---------|---|-------------|-------------------------------|--|--|--|-----|-------|----------------|-------------|--|--|-------|-------|----------------|---|-------|---------|---------|---------|---|-------|---------|---------|---------|---|-------|---------|---------|---------|---|---------|---------|---------|---------|--|--|--|--|--|---------|-----|---------|---------|--|-------|-------|-------|---|-------|---------|---------|---|---------|---------|---------|---|---|--|------------|---------|---------------------|---------|
| DESCRIPTION | <p>The Division of Child Support Services (DCSS) locates responsible parents, establishes paternity and support orders, reviews orders to see if they meet NH guidelines, and enforces child support orders. These services are provided regardless of whether the responsible parent lives in NH or out of state.</p> <p>DCSS collects, tracks, and disburses child support payments. Methods to collect child support include interception of tax refund checks, mandatory income withholding, interception of NH lottery prizes, and liens against property. DCSS can also report delinquent payers to a credit bureau, and can request that a licensing board or agency suspend, revoke, or deny a payer's license if he or she is not in compliance with a legal order for support. Passports may also be denied.</p> <p>In addition, DCSS provides services to families that are not receiving public assistance. DCSS will charge a \$25.00 annual fee to individuals who have never received public assistance, after the first \$500.00 in child support has been collected in a given year.</p> | <p>NH Child Care Scholarship helps pay for child care needed for training, education, or employment. Costs are reimbursed up to established maximums that differ based on the level of service, the age of the child, and the type of care provided. A payment differential is available to providers who care for disabled children.</p> <p>Weekly Standard Rates For Full-Time Care Licensed Child Care Center Birth – 17 months: \$215.00 18 – 35 months: \$205.00 36 – 78 months: \$180.00 79 – 155 months: \$141.40</p> <p>Licensed Family Child Care Birth – 17 months: \$172.50 18 – 35 months: \$167.50 36 – 78 months: \$152.50 79 – 155 months: \$78.22</p> <p>License-Exempt Center Birth – 17 months: \$0 18 – 35 months: \$0 36 – 78 months: \$0 79 – 155 months: \$90.00</p> <p>License-Exempt Family Birth – 17 months: \$120.75 18 – 35 months: \$117.25 36 – 78 months: \$106.75 79 – 155 months: \$54.75</p> | <p>Certain Medicaid programs have eligibility determined using MAGI, which uses IRS-defined concepts of income and household. Most income limits are based on federally set poverty levels (FPL). The MA categories that use MAGI are:</p> <ul style="list-style-type: none"><u>Children's Medicaid (CM)</u>: Children under age 19 with income no higher than 196% of the FPL. Children with severe disabilities (CSD) are also covered under this category.<u>Expanded CM</u>: Children under age 19 with income higher than 196% FPL, but no higher than 318% of the FPL.<u>Pregnant Women (PW)</u>: Income can be no higher than 196% of the FPL.<u>Parents/Caretaker Relatives (PCR)</u>: Adults must be a parent/caretaker relative of a dependent child, defined as a child under age 18, or under age 19 and a full time student in secondary school (or equivalent). The child must meet FANF deprivation requirements. Net income must be less than or equal to a set income limit which is based on the FANF payment standard, not the FPL.<u>NH Health Protection Program (NHHPP)</u>: Adults must be at least age 19 but younger than age 65 and income can be no higher than 133% of the FPL. Women cannot be pregnant, and the adult cannot be entitled to or enrolled in Part A or B Medicare benefits or otherwise eligible for or enrolled in any mandatory Medicaid coverage.<u>Family Planning Medical Assistance (FPMA)</u>: Limited coverage for non-pregnant adults who are not already a Medicaid recipient and whose income is no higher than 196% FPL. | <p>Certain Medicare beneficiaries who are entitled to Medicare Part A insurance, and whose income is no more than 100% of the federal poverty level, may be eligible to have Medicare Part A and B premiums, deductibles and co-insurance costs paid. Some of these individuals may also be eligible for other programs, including Medicaid.</p> <p>SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLMB/SLMB135)</p> <p>Certain Medicare beneficiaries entitled to Medicare Part B but with higher incomes may be eligible for payment of all or part of their monthly Medicare Part B premiums.</p> <p>Individuals with income between 100% and 120% of the federal poverty level may be eligible for payment of their monthly Medicare Part B premiums and may also be eligible for other programs, including Medicaid.</p> <p>Individuals with income between 120% and 135% of federal poverty levels may be eligible for payment of the Medicare Part B premium, but cannot also be eligible for other Medicaid programs in the same month.</p> | <p>Medicaid for Employed Adults with Disabilities (MEAD) provides medical coverage to disabled working adults. MEAD has higher income and resource limits than other Medicaid programs and allows eligible recipients to return to work or increase their earnings. Some individuals who are eligible for MEAD may be required to pay a health insurance premium.</p> <p>To be eligible for MEAD, an individual must:</p> <ul style="list-style-type: none">be 18 through 64 years old;be employed or self employed for pay;contribute to FICA;meet MEAD income and resource criteria noted below;meet ANB or APTD medical criteria; orhave a documented medical impairment that is included in the Social Security Administration's Listing of Impairments and that is expected to last 48 months or longer; andenroll in cost-free health insurance if their employer offers it. <p>Individuals and couples with income less than 150% of the federal poverty level are not required to pay a premium. Premiums are reduced by the cost of other health insurance.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTHLY INCOME LIMITS | None | <table><tr><th>Family Size</th><th>Monthly Gross Income Limits (Step 7) ≤ 250% FPL</th></tr><tr><td>2</td><td>\$3,319</td></tr><tr><td>3</td><td>\$4,186</td></tr><tr><td>4</td><td>\$5,053</td></tr><tr><td>5</td><td>\$5,919</td></tr><tr><td>6</td><td>\$6,786</td></tr></table> | Family Size | Monthly Gross Income Limits (Step 7) ≤ 250% FPL | 2 | \$3,319 | 3 | \$4,186 | 4 | \$5,053 | 5 | \$5,919 | 6 | \$6,786 | <table><tr><th rowspan="2">Family Size</th><th colspan="4">Monthly Maximum Income Limits</th></tr><tr><th>PCR</th><th>NHHPP</th><th>CM, PW, & FPMA</th><th>Expanded CM</th></tr><tr><td></td><td></td><td>≤133%</td><td>≤196%</td><td>> 196%, ≤ 318%</td></tr><tr><td>1</td><td>\$670</td><td>\$1,305</td><td>\$1,923</td><td>\$3,120</td></tr><tr><td>2</td><td>\$816</td><td>\$1,766</td><td>\$2,602</td><td>\$4,222</td></tr><tr><td>3</td><td>\$965</td><td>\$2,227</td><td>\$3,282</td><td>\$5,324</td></tr><tr><td>4</td><td>\$1,108</td><td>\$2,688</td><td>\$3,961</td><td>\$6,427</td></tr></table> | Family Size | Monthly Maximum Income Limits | | | | PCR | NHHPP | CM, PW, & FPMA | Expanded CM | | | ≤133% | ≤196% | > 196%, ≤ 318% | 1 | \$670 | \$1,305 | \$1,923 | \$3,120 | 2 | \$816 | \$1,766 | \$2,602 | \$4,222 | 3 | \$965 | \$2,227 | \$3,282 | \$5,324 | 4 | \$1,108 | \$2,688 | \$3,961 | \$6,427 | <table><tr><th colspan="4">Monthly Income Limits (% of Federal Poverty)</th></tr><tr><th>HH Size</th><th>QMB</th><th>SLMB120</th><th>SLMB135</th></tr><tr><td></td><td>≤100%</td><td>≤120%</td><td>≤135%</td></tr><tr><td>1</td><td>\$981</td><td>\$1,177</td><td>\$1,325</td></tr><tr><td>2</td><td>\$1,328</td><td>\$1,593</td><td>\$1,793</td></tr></table> | Monthly Income Limits (% of Federal Poverty) | | | | HH Size | QMB | SLMB120 | SLMB135 | | ≤100% | ≤120% | ≤135% | 1 | \$981 | \$1,177 | \$1,325 | 2 | \$1,328 | \$1,593 | \$1,793 | <table><tr><th colspan="2">Monthly Maximum Income Limits 450% of Federal Poverty</th></tr><tr><td>One person</td><td>\$4,414</td></tr><tr><td>Two or more persons</td><td>\$5,974</td></tr></table> | Monthly Maximum Income Limits 450% of Federal Poverty | | One person | \$4,414 | Two or more persons | \$5,974 |
| Family Size | Monthly Gross Income Limits (Step 7) ≤ 250% FPL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | \$3,319 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | \$4,186 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | \$5,053 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | \$5,919 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | \$6,786 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Size | Monthly Maximum Income Limits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PCR | NHHPP | CM, PW, & FPMA | Expanded CM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ≤133% | ≤196% | > 196%, ≤ 318% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | \$670 | \$1,305 | \$1,923 | \$3,120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | \$816 | \$1,766 | \$2,602 | \$4,222 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | \$965 | \$2,227 | \$3,282 | \$5,324 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | \$1,108 | \$2,688 | \$3,961 | \$6,427 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly Income Limits (% of Federal Poverty) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HH Size | QMB | SLMB120 | SLMB135 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ≤100% | ≤120% | ≤135% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | \$981 | \$1,177 | \$1,325 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | \$1,328 | \$1,593 | \$1,793 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly Maximum Income Limits 450% of Federal Poverty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| One person | \$4,414 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Two or more persons | \$5,974 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESOURCE LIMITS | None | None | None | <table><tr><td>One person</td><td>\$7,280</td></tr><tr><td>Two or more persons</td><td>\$10,930</td></tr></table> | One person | \$7,280 | Two or more persons | \$10,930 | <table><tr><td>One person</td><td>\$27,592</td></tr><tr><td>Two or more persons</td><td>\$41,386</td></tr></table> | One person | \$27,592 | Two or more persons | \$41,386 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| One person | \$7,280 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Two or more persons | \$10,930 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| One person | \$27,592 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Two or more persons | \$41,386 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISREGARDS & DEDUCTIONS | N/A | N/A | <ul style="list-style-type: none">Court-Ordered Spousal SupportWage Garnishments5% MAGI-specific income deduction, which is only applied when all MAGI program requirements are met but household income exceeds the program's income limit. | <ul style="list-style-type: none">\$65 of earned income½ of remaining earned income\$20 standard deduction | <ul style="list-style-type: none">ANB, APTD, or OAA deductionImpairment Related Work Expenses½ of remaining earned incomeStandard adult disregardEmployability account/medical savings account | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER ELIGIBILITY CRITERIA | Medicaid-only applicants/recipients and certain recipients of Financial Assistance to Needy Families must cooperate with DCSS as a condition of eligibility. | An individual does not have to get cash assistance to get NH Child Care Scholarship. Child care must be necessary so that the parents can go to job training, look for a job or go to school or work. All families are expected to help with the cost share when receiving the scholarship. | Once eligible, pregnant women receive coverage through the 60th day post partum regardless of income. Children born to mothers receiving medical coverage at the time of birth are automatically eligible for up to one year. | An applicant must also meet the general nonfinancial requirements/conditions of eligibility for Medicaid, such as filing an application, obtaining a Social Security number, etc. SSI is not counted as income. | An applicant must also meet the general nonfinancial requirements/conditions of eligibility for Medicaid. SSI is not counted as income when determining MEAD eligibility, but is counted when determining the premium amount. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |